

# EXHIBIT “J”

a Employee's social security number 37		b Employer identification no. (EIN) 47-1990469		2019 <sup>256</sup> Copy B-To Be Filed With Employee's FEDERAL Tax Return		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> . OMB No. 1545-0008	
c Employer's name, address, and ZIP code WHITESTONE AIR INC 149-44 15TH DRIVE WHITESTONE, NY 11357				49920.00 1 Wages, tips, other compensation		672.00 2 Federal income tax withheld	
				49920.00 3 Social security wages		3095.04 4 Social security tax withheld	
				49920.00 5 Medicare wages and tips		723.84 6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Control number				10 Dependent care benefits		11 Nonqualified plans	
e Employee's name, address, and ZIP code ANIBAL A GUTAMA 5919 4TH AVENUE 33R BROOKLYN, NY 11220				13 <small>Statutory employee</small> <small>Retirement plan</small> <small>Disability sick pay</small>		14 Other	
						12a See instructions for box 12	
						12b	
						12c	
						12d	
15 State NY	Employer's state I.D. no. 471990469	16 State wages, tips, etc. 49920.00	17 State income tax 428.00	18 Local wages, tips, etc. 49920.00	19 Local income tax 216.00	20 Locality name NYC	

Form **W-2 Wage and Tax Statement**  
This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

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OMB No. 1545-0008

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						12b	
						12c	
						12d	
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If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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b Employer identification no. (EIN) 47-1990469		<b>2020 Copy B-To Be Filed With Employee's FEDERAL Tax Return</b>		Visit the IRS website at <a href="http://www.irs.gov/efi">www.irs.gov/efi</a> OMB No. 1545-0008	
c Employer's name, address, and ZIP code WHITESTONE AIR INC 149-44 15TH DRIVE WHITESTONE, NY 11357		1 Wages, tips, other compensation 49920.00		2 Federal income tax withheld 672.00	
		3 Social security wages 49920.00		4 Social security tax withheld 3095.04	
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e Employee's name, address, and ZIP code ANIBAL A GUTAMA 5919 4TH AVENUE 33R BROOKLYN, NY 11220		10 Dependent care benefits		11 Nonqualified plans	
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OMB No. 1545-0008

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						20 Locality name NYC	

WHITESTONE AIR, INC., NY 11357

Employee's name, address, and ZIP code  
 ANIBAL A GUTAMA  
 5919 4TH AVENUE  
 BROOKLYN, NY 11220

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See instructions for Box 12
13 Statutory employee	14 Other	12b Code
Retirement plan	SDI 0.00	12c Code
Third party sick pay		12d Code
NY 47-1990469	64500.00	3290.36
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
64500.00	2306.09	NYC

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Department of the Treasury—Internal Revenue Service

WHITESTONE AIR, INC., NY 11357

Employee's name, address, and ZIP code  
 ANIBAL A GUTAMA  
 5919 4TH AVENUE  
 BROOKLYN, NY 11220

7 Social security tips	8 Allocated tips	9
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64500.00	2306.09	NYC

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Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

W-2 2021 OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, other compensation	2 Federal income tax withheld
64500.00	4493.50	
b Employer's identification no. (EIN)	3 Social security wages	4 Social security tax withheld
47-1990469	64500.00	3999.00
	5 Medicare wages and tips	6 Medicare tax withheld
	64500.00	935.25
c Employer's name, address, and ZIP code		
WHITESTONE AIR, INC 149-44 15TH DRIVE WHITESTONE, NY 11357		
d Control Number		
e Employee's name, address, and ZIP code		
ANIBAL A GUTAMA 5919 4TH AVENUE BROOKLYN, NY 11220		
7 Social security tips	8 Allocated tips	9
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Retirement plan	SDI 0.00	12c Code
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NY 47-1990469	64500.00	3290.36
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
64500.00	2306.09	NYC

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Department of the Treasury—Internal Revenue Service

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W-2 2021 OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, other compensation	2 Federal income tax withheld
64500.00	4493.50	
b Employer's identification no. (EIN)	3 Social security wages	4 Social security tax withheld
47-1990469	64500.00	3999.00
	5 Medicare wages and tips	6 Medicare tax withheld
	64500.00	935.25
c Employer's name, address, and ZIP code		
WHITESTONE AIR, INC 149-44 15TH DRIVE WHITESTONE, NY 11357		
d Control Number		
e Employee's name, address, and ZIP code		
ANIBAL A GUTAMA 5919 4TH AVENUE BROOKLYN, NY 11220		
7 Social security tips	8 Allocated tips	9
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Department of Taxation and Finance

**Summary of W-2 Statements**

New York State • New York City • Yonkers

**IT-2**

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

**W-2 Record 1**

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

471990469

Box 1 Wages, tips, other compensation

57058.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

## Box c Employer's information

Employer's name

WHITESTONE AIR, INC.

Employer's address (number and street)

149-44 15TH DRIVE

City

WHITESTONE

State

NY

ZIP code

11357

Country

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

57058.00

Box 17a NYS income tax withheld

2910.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

57.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

2040.00

Locality b

.00

Box 20 Locality name

Locality a

NYC

Locality b

Do not detach.

**W-2 Record 2**

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

## Box c Employer's information

Employer's name

Employer's address (number and street)

City

State

ZIP code

Country

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

Description

.00

Box 14b Amount

Description

.00

Box 14c Amount

Description

.00

Box 14d Amount

Description

.00

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

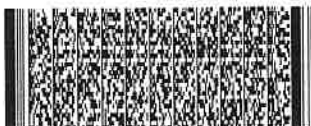
.00

Box 20 Locality name

Locality a

Locality b

102001223555



NO HANDWRITTEN ENTRIES ON THIS FORM